10/682569													
	PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application or Docket Number												
			SMALL TYPE	BATITY	7		R THAN						
T	OTAL CLAIMS	3	(Column 1)		100	(Cotumn 2)		RATE	FEE	OR T	RATE	ENTITY	
F	OR .		NUMBER FILED		NUMBER EXTRA			BASIC FE	+	OR	BASIC FEE		
TO	OTAL CHARGE	ABLE CLAIMS	minus 20=		•			X\$ 9=		OR	Vesa	<del>                                     </del>	
IN	DEPENDENT C	CLAIMS	minus 3 =		•			X43=	+-	OR	Yes	<del>                                     </del>	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	<del>                                     </del>	1		<del> </del>	
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL	<del>-</del>	JOR IOR		<del> </del>	
	c		OTHER THAN										
_	<u> </u>	(Column 1)		(Colum		(Column 3)	3) SM		ENTITY	OR	SMALL	ENTITY	
ENTA	le laylo4	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT FYTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENIOMEN	Total	.34	Minus	- 2	0	- 1 <del>4</del>		XS 9=	C	OR	X\$18=	252	
AME	Independent	- 3	Minus	*** 3		. 3		X43=		OR	X86=	258	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
5/10/05 (Column 1) (Column 2) (Column 3)						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	510		
		CLAIMS		(Colum		(Column 3)	ı		T 400:	1 1	<del></del>		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š Q	Total	-34	Minus	- 34	<i>f</i>	• Ø		X\$ 9=	·	OR	X818-	Q	
AME	Independent	NTATION OF MU	Minus	ENDENT	<u>-                                    </u>	• 2		X43=		OR	205 X86=	K	
		· · · · · · · · · · · · · · · · · · ·	CINCE DEF	ENDENT	CALINI	<del>. LL_</del>		+145=		OR	360	B	
·								TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	X	
		(Column 1)		(Colum		(Column 3)	•	•					
EFT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	IR ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDIMERT	Total		Minus	* .			<b> </b>	X\$ 9=	FEE	_ <b> </b>	X\$18=	FEE	
	Independent	•	Minus	440		-	┢			OR			
4	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	MIAL		·L	X43=		OR	X86=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
-41	the "Highest Nurs the "Highest Nurs	nber Previously Pal nber Previously Pai	d For IN THIS	SPACE IS I	ess than	20, enter "20."		TOTAL OIT. FEE			TOTAL DOIT, FEE		
13	ne rugnest Numi	ber Previously Paid	For" (Total or	Independent	l) is the f	nighest number	tound	in the app	xopriate box	in cotu	mn 1.		